

## A Message from the Executive Director

*Brian Hepburn*



It is always difficult to write a column for a quarterly newsletter. This is due to a number of reasons, the primary one being that many things can happen between when the piece is drafted and when it is actually distributed. And quite often, the downtime between publications can cause an item to quickly become dated.

While this column is being written in early January, I doubt the topic will be quickly out-of-date. I say this because it focuses on the future of mental health and its relationship to behavioral health. In short, this is on integrated care – behavioral health working within and as a part of primary care.

Many words have been written and countless others spoken about the silos that seem to have defined behavioral health care. Those who work with the developmentally disabled, or in substance abuse prevention, or in the mental health industry, are frustrated by the separate funding mechanisms that come from the federal as well as at the state level. Reporting requirements necessary to keep the dollars flowing are different between the disciplines.

This will be changing – and there are indicators at the federal and state levels to note this directional shift. The federal government

recently requested that a supplemental response to block grant applications for substance abuse prevention and mental health be contained in one document. At the state level, the Department of Health and Mental Hygiene is embarking on a concerted effort to bring the three areas closer so that services can be more meaningful for those in the programs.

Integrated care is important because co-occurring illnesses are common. Yet when we look at behavioral issues, the care is often done in silos, although we hope for a “no wrong door” system.

A basic tenet of good professional practice is to focus on treating the individual as a whole, and this principle is especially important in these austere times. By doing so, it frees precious fiscal resources to care for more people. It

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### **MHA Motion**

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Martin O'Malley

*Governor*

Anthony G. Brown

*Lieutenant Governor*

Joshua M. Sharfstein, M.D.

*Secretary*

Renata Henry

*Deputy Secretary*

Dr. Brian Hepburn

*Executive Director*

John Hammond, *Editor*

### **DHMH Mental Hygiene Administration**

Spring Grove Hospital Center

55 Wade Avenue, Dix Building

Catonsville, Maryland 21228

Phone: 410.402.8300

FAX: 410.402.8309

TTY: 1.800.735.2258

[www.dhmh.state.md.us/mha](http://www.dhmh.state.md.us/mha)

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may take a little more time and place more responsibility on the practitioner, yet in the long run it leads to better outcomes and a healthier society.

And that is what public health is all about!

As we move into FY 2012, we know it will be another difficult year for the budget, and that we will continue to “do more with less.” In addition there are valuable state employees who will be resigning or retiring, primarily due to the Voluntary Separation Program. One of these individuals is John Hammond, who has been key to putting this newsletter together. We want to thank John for all of his efforts.

As I noted earlier, this was written just days into the New Year – during a time when the mind is focused on renewal and resolutions. There is no better time to again thank you so much for all of the work you perform – daily, weekly, monthly and yearly. Although it sometimes may be unspoken, please know our grateful appreciation is always there. Best wishes for 2012.



*Among the people who greeted the South Korean delegation are (back row, from left) -- Dr. Darlene Simmons, Darlene Feagans, Ken Basler, Gary Fried, Bobby Alexander, Lillian Stengart and Dr. Prabha Menon. One of the visitors is between Ms. Alexander and Ms. Stengart.*

## South Korean Universities Visit RICA

Professors and students from nursing programs at the Chungnam National University and Kongju National University in South Korea visited the John L. Gildner Regional Institute for Children and Adolescents (RICA) in October. RICA was selected by the University of Maryland (UMD) School of Nursing as a model residential treatment center and school. UMD hosted the South Korean visit.

Dr. Sue Song, UMD Clinical Instructor organized the visit and served as the interpreter. The professor and student guests met with the school, including clinical and residential staff, to share information about the RICA program. Case studies were presented by RICA clinical staff and the Korean visitors

to compare and contrast the treatment and educational options in both systems.

RICA's guests enjoyed a traditional American lunch and toured the facility, observing students in classes and activities. Both groups received a new appreciation for each other's expertise in meeting the needs of students.

*Editor's Note: Thanks to RICA's Marlayna Proctor for the article and photography.*

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### Editor's Note:

It has been a true pleasure to edit *MHA Motion* and therefore be able to spread news about all of the great work done by the Mental Hygiene Administration and its partners. As Dr. Hepburn kindly noted in his column, I am retiring from state service and this will be my last issue as Editor of the newsletter. Although I spent only two of my 20-year DHMH career with MHA, it has been extremely rewarding to meet with consumers, and work with all of you who devote your career to helping those with mental illness. Thank you so much for all of your help!

*John Hammond, Editor*

## Maryland Is Among Top States in SOAR Success

Showing what a dramatic difference the SOAR initiative can make, Maryland is one of three states to quickly approve benefit applications for individuals who are homeless or at risk of homelessness.

During the period from August 2009 through June 2010, decisions on applications from Baltimore City, and Anne Arundel and Prince George's counties, were made in average of 61 days. This is 30 days faster than the national average of 91 days.

Adding to the success of the Maryland program, the approval rate for applications was 93 percent – and 100 percent of the applications placed for Baltimore City residents were approved. The national approval rate was 73 percent.

Only Connecticut and Ohio were among states offering the initiative in multiple jurisdictions to achieve faster turn-around times, yet neither achieved the same success rate as Maryland. Connecticut had a 78 percent allowance rate, Ohio 59 percent.

A number of states reported data based on individual jurisdictions, most typically large cities; six of those met with a faster 'average days to decision' than Maryland. Sacramento, California achieved the most rapid turn-

around with an on-average of 19 days. Philadelphia was second best with an average of 32 days.

Maryland also did well in a small grouping of states that resubmitted applications that previously were denied, succeeding at an 81 percent approval rate. The national average was 70 percent.

SOAR (SSI/SSDI Outreach, Access and Recovery) is a strategy that helps states to increase access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits. These benefits generally provide either Medicaid and/or Medicare health insurance to eligible individuals.

Before implementation of SOAR, access to the benefits was extremely challenging due to the complicated and often difficult to navigate application. One individual, whose application was denied three times and was living in a Code Blue shelter, was helped by SOAR representatives and is now living in an apartment. Many others are also able to remain in permanent housing.

Since SOAR focuses on individuals who have a mental disability and/or co-occurring substance abuse disorders, MHA assumed responsibility of the initiative from the state Department of Human Resources in 2008, when Baltimore City and Prince George's County were the

only participating jurisdictions. Maryland's ranking includes a third county, Anne Arundel, that had its program up and running in time to be included in the 2010 report.

Currently, SOAR is operating in seven additional jurisdictions: Carroll, Frederick, Howard, Montgomery, Somerset, Wicomico and Worcester counties. And, training and support has been provided to the Department of Public Safety and Correctional Services to enable their social work staff to obtain benefits for individuals who are leaving prison.

The SOAR initiative offers strategic planning, a train-the-trainer program that includes use of SAMHSA's Stepping Stones to Recovery training curriculum, and technical assistance. As part of this initiative, under the leadership of Marian Bland staff in the MHA Office of Special Needs Populations works to form and/or reconvene local and state workgroups, provide training, and collect data for individuals who have previously been trained in the curriculum.

In 2010 MHA staff provided seven, two-day trainings for more than 180 individuals. Additionally, they spoke about SOAR at three conferences and have been chosen to present at this year's National Health Care for the Homeless Conference in Washington, D.C.



## Suicide Prevention Conference Focuses on Prevention Across the Lifespan

More than 400 people attended the 22nd Annual Suicide Prevention Conference held on October 6 in Baltimore County.

This conference is the oldest and largest of its kind in the country. This year's theme, *Suicide Prevention Across the Life Span*, brought to light many facets that assist with prevention efforts while also placing focus on the challenges posed by loss due to suicide.

Bestselling author Jodee Blanco captured the audience's attention with a stirring keynote address on bullying. The lunch presentation was by Gina Smallwood, who discussed the Kelvin Mikhail Suicide Awareness Campaign, founded by Ms. Smallwood in memory of her son, who died by suicide.

Numerous breakout sessions complemented the day-long event, including a panel discussion on promising practices in Maryland. Among the many other topics were a look at veterans and the suicide risk they may face across the lifespan, techniques to manage depression and suicidality with individuals who have autism, and understanding self injurious behavior.



Jodee Blanco, author of *The New York Times* bestseller, *Please Stop Laughing at Me*, spoke on bullying.



Gina Smallwood told the lunch audience about a campaign founded in honor of her son, the Kelvin Mikhail Suicide Awareness Campaign.



Joining conference chair Henry Westray, Jr. (third from right) are those who received Governor's Citations, including William Powell, Naomi Powell, Andrew Wheeler, Dr. Sherry Molock, Megan Crosby-Budinger, Betty Schmedes (accepting for Paige Gilmore) and Edward Kettrell.

## 22nd Annual Suicide Prevention Conference

*A discussion on Techniques to Manage Depression and Suicidality with Individuals on the Autism Spectrum was led by Larry Lipsitz, M.Ed.*



*Barbara Palmer was a panelist in a discussion where parents discussed the loss of a child to suicide.*



*Nikole Jones, M.S.W., L.C.S.W (below) focused on The American Veteran: Suicide Risk Across the Lifespan.*



*Alyssa Fieo (above) spoke on the Legal Rights of Youth to Receive Special Education in Detention Centers and Youth Camps.*

*Lawrence Riso, Ph.D. (below) talked about Mental Health Stigma: Receptiveness to Mental Health Treatment.*



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## 22nd Annual Suicide Prevention Conference

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*Suicide Prevention Inside Correctional Facilities was the focus of a talk presented by Randy Martin, M.S.W.*



*Tracy Driscoll, L.C.S.W.-C. hosted a two-part session on Giving a Fish a Bath: The Untold Story of the Adolescent Brain.*



*Iris Reeves of the Mental Hygiene Administration (left) reads a Proclamation from Governor O'Malley while conference chair Henry Westray, Jr. looks on.*

## *Congratulations to . . .*

- **Debra Hammen**, who has been elected to the Board of Directors for the Maryland chapter of the National Association of Social Workers. Debra, who works in the Office of Forensic Services, will serve as vice-president until 2012, and will co-chair the chapter's Forensic Social Work Committee.
- MHA staffer **Marge Mulcare**, who has been elected to a two-year term as Northeast Regional Coordinator for the Older Persons Division of the National Association of State Mental Health Program Directors.
- **Stefani O'Dea**, director of Traumatic Brain Injury Services, who is the co-author of *Planning for the Neurobehavioral Needs of Individuals with Brain Injury: the State Perspective*, published in *Brain Injury Professional*, a quarterly newsletter of the North American Brain Injury Society.
- **Al Zachik**, who received an award for his leadership on behalf of children with mental health needs and their families from the American Academy of Child and Adolescent Psychiatry in October. Dr. Zachik, who was nominated for this honor by Jane Walker and the Maryland Coalition of Families with support from Dr. David Pruitt and Rosemary King Johnston, travelled to New York in October for the ceremony. In accepting this national award, Dr. Zachik cited the great team working on children's mental health in Maryland.

## Welcome

**Kenneth L. Basler**  
- new CEO at RICA-  
Gildner



Ken has been serving as the acting chief executive officer for John L. Gildner Regional Institute for Children and Adolescents (RICA) in Rockville since July. He began his employment with RICA in 1999 as the chief fiscal officer and was promoted to chief operating officer in 2006. He began his career with the State of Maryland working in the Office of the Comptroller of the Treasury. He holds a B.S. degree in accounting from Mount Saint Mary's College in Emmitsburg.

**Melissa Schober** –  
MHA's new  
Medicaid Policy  
Analyst



Melissa comes to MHA from a Washington, D.C.-based career where she most recently was the project director for Public Health Policy at the Society for Public Health Education. While there, she managed a CDC cooperative agreement, wrote position statements on federal legislation and participated in the Legislative and Health Reform Coalition. Prior to that, she was the senior legislative analyst at Women's Policy, Inc. where she worked with the Congressional Caucus for Women's Issues. She has a B.A. in Political Science from St. Joseph's College in Connecticut.

**Donald K. Simpson** - new CEO at  
the Eastern Shore Hospital Center

Before joining ESHC in November, Don was a principal in Nova Med Consulting Group in Roswell, Georgia, providing assistance in strategic, operational and financial performance of hospitals and other health care entities. He was formerly the director of Health Care Advisory Services for Simpson and Simpson Certified Public Accountants. He has worked for the Georgia state government as the director of the Health Commissioner's Office of Prevention, which included behavioral health and



public health. He also served as the regional executive director for their Division of Mental Health, Mental Retardation and Substance Abuse. Earlier in his career while in Massachusetts, Don was the vice president for Operations for Heritage

Hospital and Health Systems (acute/psychiatric hospital system) and the director of Administrative, Finance and Support Services for Worcester State Hospital, a state-operated psychiatric hospital. He graduated from California State University in Los Angeles with an M.S. in Health Care Management, earned a B.S. in Medical Technology from Howard University, and served in the United States Navy's Medical Service Corps.

## Springfield Is Honored for Green Pest Management

Springfield Hospital Center and DHMH have been honored by the Integrated Pest Management in Health Care Facilities Project for outstanding achievement in creating a “green pest management” campus by adopting principles and practices that minimize the use of toxic chemicals in controlling pests.

The Integrated Pest Management in Health Care Facilities Project is a partnership between the Maryland Pesticide Network and Beyond Pesticides, in collaboration with Maryland Hospitals for a Healthy Environment (MDH2E).

The award was presented to DHMH Deputy Secretary Renata Henry and Springfield CEO Paula Langmead at the MDH2E annual Environmental Excellence in Healthcare Conference held in November at the University of Maryland School of Nursing in Baltimore.



*Paula Langmead (center left) and Renata Henry (center right) with the awards, presented by Jay Feldman, executive director of Beyond Pesticides (left) and Ruth Berlin, executive director of the Maryland Pesticide Network. (Photo by Richard Lippenholz)*

“We appreciate the leadership of Springfield Hospital Center and the State of Maryland’s Department of Health and Mental Hygiene in removing toxic materials from its pest management program, and protecting the health of patients, staff and the environment,” said Ruth Berlin, executive director of the Maryland Pesticide Network, a coalition of 25 organizations in Maryland concerned about the impact of pesticides on public health and the environment. “Springfield has proven that it is possible to protect patients and staff from both pests and toxic pesticides. It serves as a model for the health care industry and the public in the state of Maryland and the nation.”

Least-toxic integrated pest management (IPM) in hospitals, elder care facilities, special needs schools, and other health care settings protects vulnerable populations at highest risk from the toxic effects of chemical pesticide use. As outlined in the Project’s 2008 report, *Taking Toxics Out of Maryland’s Health Care Sector*, the most vulnerable populations are unknowingly exposed to toxic pesticides in most Maryland health-care facilities.

“Health care facilities share a commitment to the well-being of those they serve, and it makes no sense for these facilities to use products that can cause diseases and conditions it seeks to cure or prevent,”

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## Springfield Is Honored for Green Pest Management

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said Jay Feldman, executive director of Beyond Pesticides, a national community-based organization of grassroots groups. "The IPM in Health Care Facilities Project is helping to move the health care sector in Maryland into the forefront of green pest management, serving as a model for non-toxic approaches to building and land management."

Springfield officials were pleased that the campus was selected to be a part of this project yet acknowledged that it was not an easy task.

"Springfield Hospital Center was honored to receive this award from the University of Maryland," Ms. Langmead said, noting that of the seven hospitals in the original pilot program, Springfield has been the only hospital so far to successfully navigate IPM. "It has been a very difficult process, yet our employees really want a 'green' hospital. Our staff is to be congratulated for all of their hard work and dedication to this process."

The Project's mission is to educate the health care industry about the dangers posed by pesticide exposure and to offer viable alternatives to reduce pest populations

## Save the Date

**The Seventh Annual Child and Adolescent Mental Health Conference: *Integrating Clinical Interventions Within A Public Health Approach***, will be held on Tuesday, March 29 at Martin's West, 6817 Dogwood Road in Baltimore County, from 8:00 a.m. until 4:30 p.m.

Keynote speakers Joyce Sebian, M.S. Ed. and Neal M. Horen, Ph.D. from the Child and Human Development Center of Georgetown University will discuss *A Public Health Approach To Children's Mental Health: A Conceptual Framework*.

The conference is sponsored by the DHMH Mental Hygiene Administration, the Maryland Coalition of Families and the University of Maryland Mental Health Services Training Center.

More information is available by contacting Ms. Joan Smith at 410.221.2529 or by logging onto [http://trainingcenter.umaryland.edu/Pages/camh\\_conference.aspx](http://trainingcenter.umaryland.edu/Pages/camh_conference.aspx)

and pesticide applications by introducing IPM as a greening initiative that advances an atmosphere of environmental stewardship, social responsibility and fiscal security.

Toxic chemical pesticides are associated with a range of negative health effects, including certain cancers, nervous system damage, respiratory illnesses, birth

defects, Parkinson's and Lewy Body Disease, autism and endocrine disruption.

In 2006, DHMH chose Springfield to participate in the ground breaking IPM pilot project.